

SCHEDULE B.

(See section 12.)

(FORM OF CERTIFICATE WHERE CHILD IS INSUSCEPTIBLE OF SMALL-POX.)

I, the undersigned, hereby certify that I have three times unsuccessfully vaccinated * *, the child of * *, residing at * *, in the vaccination-area of * *, and I am of opinion that the said child is insusceptible of successful vaccination.

Dated this * * day of * * 18 * *.

(Signature of Medical Practitioner
or Public Vaccinator.)

(Form of Certificate where child has already had small-pox.)

I, the undersigned, hereby certify that I have examined * *, the child of * *, residing at * *, in the vaccination-area of * *, and that I am of opinion that the said child has already had small-pox.

Dated this * * day of * * 18 * *.

(Signature of Medical Practitioner
or Public Vaccinator.)

SCHEDULE C.

(See section 13.)

I, the undersigned, hereby certify that * *, the child of * *, age * *, resident at * *, in the vaccination-area of * *, has been successfully vaccinated by me.

Dated this * * day of * * 18 * *.

(Signature of Medical Practitioner
or Public Vaccinator.)

SCHEDULE D.

(See section 16.)

To

[Here insert the name of the parent, guardian or other person who gives
information of the child's birth.]

Take notice that the child of * * * * * whose
birth has this day been registered, must be vaccinated under the provisions